

**CITY OF EL PASO
RECORDS MANAGEMENT
RECORDS TRANSFER LIST**

DATE					
DEPARTMENT CODE NUMBER					
DEPARTMENT		DIVISION		SECTION	
PREPARED BY (NAME)		TITLE		PHONE NUMBER	
BUILDING/LOCATION (CHECK ONE): CITY HALL () FLOOR NUMBER _____ () OTHER _____					
*RECORD SERIES NO.:		*RECORD SERIES TITLE:		WORKING TITLE:	
BOX NO.	NO. OF ITEMS	DESCRIPTION	RECORD DATE 00/00/000 TO 00/00/0000	DESTRUCTION DATE	WAREHOUSE BOX LOCATION NUMBER (LEAVE BLANK)

*Derived from Texas State Library, Local Government Records Control Schedule

NUMBER OF BOXES _____

Transfer Authorized by: _____

Department Head Name: _____ **Signature:** _____ **Date:** _____

Records Management:

Name: _____ **Signature:** _____ **Date:** _____

Name: _____ **Signature:** _____ **Date:** _____